Identifying barriers to cancer screening for people with HIV

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Background: Excluding AIDS-defining cancers, people with HIV (PWH) have significantly greater risk of developing cancer than people without HIV (PWoH). Across the globe, PWH have elevated NADC risk in both infection related (e.g., anal, cervical, liver) and non-infection related cancers (e.g., lung, brain, small intestine). Early cancer detection and treatment are critical, yet PWH are also less likely to receive guideline-concordant cancer screenings. We must understand the unique barriers PWH face in accessing care to increase their access to routine cancer screening.

Objective: Identify the barriers to guideline concordant screening for anal, breast cervical, colorectal, liver and lung cancer that PWH face to inform a conceptual model of barriers and facilitators.

Methods: Semi-structured interviews with as stratified sample of 20 - 30 PWH recruited from a Philadelphia HIV clinic (FIGHT) to elicit their perceptions of and experiences regarding cancer screening. The sample is stratified 1:1 by cancer screening eligibility (G1: English speaking, age 50 or older, and ever smoked [for colorectal, lung and anal cancer screening]; G2: English speaking, age 65 or younger and female [for cervical, breast, anal and colorectal screening]. Guided by the Theoretical Domains Framework (TDF) interviews explore the psychosocial factors that influence participants' screening behavior (e.g., knowledge, beliefs, motivation and sense of self-efficacy, social, environment and institutional factors). The team will use thematic analysis to analyze the transcripts, developing a codebook through inductive and deductive methods, discussion and consensus. A codebook will be developed alongside data collection, with two researchers open coding the same 3 transcripts inductively, refining codes and definitions through discussion and consensus. Text will then be analyzed, within and across codes, to identify broader themes using the same methods for interrater agreement and team consensus.

Results and implications: Thematic findings will be organized as a conceptual model of barriers and facilitators to cancer screening. Actionable targets for intervention will be identified and discussed with community partners. Results will inform the design of targeted implementation strategies to improve the implementation of guideline concordant cancer screening for PWH that will be evaluated in an externally funded clinical pilot trial.